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FILL OUT AND RETURN TO:

Brookline Council On Aging 93 Winchester Street Brookline, Massachusetts 02446

(617) 730-2777

FILE OF LIFE

PLEASE PRINT CLEARLY

Date		
Name		
Address		Zip Code
Date of Birth	Home Telephone	Social Security Number

EMERGENCY CONTACTS

Name		
Address		
Relation	Home Telephone	Work Telephone

Name		
Address		
Relation	Home Telephone	Work Telephone

MEDICAL DATA

Doctor	Telephone
Doctor	Telephone
Special Medical Conditions	

RECENT HOSPITALIZATION

Reason	Date
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RECENT SURGERY

Type	Date
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CLERGYPERSON

MEDICAL CONDITION	MEDICATION	DOSAGE	TIMES DAILY

ALLERGIES :

HEALTH CARE PROXY ON FILE AT:

DO YOU HAVE AN EMS / NO CPR DIRECTIVE OR A DNR FORM <i>(circle answer)</i> ? YES NO
If <i>YES</i> , exactly where is it?

MEDICAL INSURANCE	
Company	Policy Number
Company	Policy Number
Medicaid Number	Medicare Number
Veterans Administration Number	